

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|--------------------|--------|----------|
| FEE DETERMINATION | <i>[Signature]</i> | | 10/4/99 |
| O.I.P.E. CLASSIFIER | | 25 | 10/07/99 |
| FORMALITY REVIEW | | 65918 | 10-14-99 |

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 10/4/99 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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